



COMMUNITY DEVELOPMENT SERVICES

ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

PLACERVILLE OFFICE:

2850 Fairlane Court
Placerville, CA 95667
(530) 621-5300
(530) 642-1531 Fax

LAKE TAHOE OFFICE:

924 B Emerald Bay Rd.
South Lake Tahoe, CA 96150
(530) 573-3450
(530) 542-3364 Fax

September 20, 2017

American Legion Tract Resort Association
Dean Lawrie, Secretary/Treasurer
102 McDerby Court
Folsom, CA 95630

RE: AMERICAN LEGION TRACT RESORT ASSOCIATION (PWS NO. 0900629)
CITATION NO. 01_39_17C_007_0900629_22

Enclosed is the County of El Dorado, Environmental Management Local Primacy Agency Citation No. 01_39_17C_007_0900629_22 issued to American Legion Tract Resort Association. Please note there are certain deadlines associated with this Citation.

Any person who is aggrieved by a citation issued by the El Dorado County LPA may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the El Dorado County LPA mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions, please contact Jeffrey Warren at (530) 621-7628 or by email jeffrey.warren@edcgov.us, or Karen Bender at (530) 573-3453 or by email karen.bender@edcgov.us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey Warren", is written over a printed name.

Jeffrey Warren, REHS
Environmental Health Program Manager

Cc: Ali Rezvani, PE
Enc.

Citation No. **01_39_17C_007_0900629_22**

Issued: **September 20, 2017**

**EL DORADO COUNTY
COMMUNITY DEVELOPMENT SERVICES
ENVIRONMENTAL MANAGEMENT DEPARTMENT**

IN RE: American Legion Tract Resort Association
Water System No. - 0900629

ATTN: Dean Lawrie
102 McDerby Court
Folsom, CA 95630

CITATION NO. 01_39_17C_007_0900629_22

**VIOLATION OF MAXIMUM CONTAMINANT LEVELS
FOR TOTAL COLIFORM BACTERIA**

TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION i.e. 64426.1(b)(2)

ISSUED ON September 20, 2017

Section 116650 of the California Health and Safety Code (hereinafter "CHSC")
authorizes the issuance of a citation to a public water system for failure to comply with
a requirement of the California Safe Drinking Water Act, California Health and Safety
Code, Division 104, Part 12, Chapter 4, commencing with Section 116270 (hereinafter
"California SDWA"), or any regulation, standard, permit or order issued or adopted
thereunder.

The County of El Dorado Community Development Services, Environmental
Management Department (hereinafter "Department"), hereby issues a citation to the
American Legion Tract Resort Association (mailing address: 102 McDerby Court,

Folsom, CA 95630) (hereinafter "Water System") for violation of Title 22 of the California Code of Regulations ("CCR"), Section i.e. 64426.1(b)(2).

APPLICABLE AUTHORITIES

CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116271 (k)(2) states:

(k)(2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625) and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650).

CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116275 (b) & (ab) states:

(b) "Department" means the state board.

(ab) "State board" means the State Water Resources Control Board.

CHSC Division 104, Part 12, Chapter 4, Article 9, Section 116650 states:

(a) If the department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of

1 receipt of the certified mail. If a person to whom a citation is directed refuses to accept
2 delivery of the certified mail, the date of service shall be deemed to be the date of
3 mailing.

4 (b) Each citation shall be in writing and shall describe the nature of the violation
5 or violations, including a reference to the statutory provision, standard, order, citation,
6 permit, or regulation alleged to have been violated.

7 (c) A citation may specify a date for elimination or correction of the condition
8 constituting the violation.

9 (d) A citation may include the assessment of a penalty as specified in
10 subdivision (e).

11 (e) The department may assess a penalty in an amount not to exceed one
12 thousand dollars (\$1,000) per day for each day that a violation occurred, and for each
13 day that a violation continues to occur. A separate penalty may be assessed for each
14 violation.

15
16 **Local Primacy Delegation Agreement, Section 1.02.** The Department hereby
17 delegates to the County all authority granted to it under the California Safe Drinking
18 Water Act (CHSC 116270) for regulation of small public water systems.

19
20 **Title 22, California Code of Regulations, Section 64423 (a)(3) and (c) states:**

21 (a) Each water supplier shall collect routine bacteriological water samples
22 follows:

23 (3) The minimum number of samples for transient-noncommunity water
24 systems using groundwater and serving 1000 or fewer persons a month
25 shall be one in each calendar quarter during which the system provides
26 water to the public.

27 (c) If any routine, repeat, or replacement sample is total coliform-positive, then
28

The water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 664426 and 64426.1.

Title 22, California Code of Regulations, Section 64424 (a) through (d) states in relevant part:

- (a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board Allow the collection of the repeat sample set over a four-day period.
- (b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.
- (c) If one or more samples in the repeat sample set if total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.
- (d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier

1 stops supplying water during the month after the total coliform-positive(s), at
2 least five samples shall be collected during the first month the system resumes
3 operation. A water supplier may request the State Board waive the requirement
4 to collect at least five routine samples the following month, but a waiver will not
5 be granted solely on the basis that all repeat samples are total coliform-
6 negative.

7
8 **Title 22, California Code of Regulations, Section 64426.1 (a) through (c) states in**
9 **relevant part:**

- 10 (a) Results of all samples collected in a calendar month pursuant to Sections
11 64423, 64424, and 64425 that are not invalidated by the State Board or the
12 laboratory shall be included in determining compliance with the total coliform
13 MCL. Special purpose samples such as those listed in section 64421(b) and
14 samples collected by the water supplier during special investigations shall not
15 be used to determine compliance with the total coliform MCL.
16
17 (b) A public water system is in violation of the total coliform MCL when any of the
18 following occurs:
19 (1) For a public water system which collects at least 40 samples per month,
20 more than 5.0 percent of the samples collected during any month are
21 total coliform-positive; or
22 (2) For a public water system which collects fewer than 40 samples per
23 month, more than one sample collected during any month is total
24 coliform-positive; or
25 (3) Any repeat sample is fecal coliform-positive or E.coli-positive; or
26 (4) Any repeat sample following a fecal coliform-positive or E.coli-positive
27 routine sample is total coliform-positive.
28

(c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall also notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

STATEMENT OF FACTS

The Water System is operated under Water Supply Permit No. 0900629, issued on September 25, 2014.

The Water System is a transient-noncommunity water system serving untreated groundwater to 33 cabins used primarily as vacation homes. The Water System source of supply is ground water from a well.

Title 22, CCR, Section 64423(a)(3) specifies that a transient-noncommunity water system using groundwater and serving 1,000 or fewer persons a month shall collect a minimum of one routine bacteriological sample in each calendar quarter during which the system provides water to the public for analysis of total coliform content to determine compliance with the maximum contaminant level (MCL) for total and fecal coliform bacteria.

1 A routine sample collected on August 11, 2017 tested positive for total coliform
2 bacteria, and one out of four repeat samples collected on August 14, 2017 tested
3 positive for total coliform bacteria. All samples tested negative for E.coli.

4
5 The Water System chlorinated and flushed starting August 12, 2017 after they realized
6 they did not chlorinate after having a new pump and motor installed on August 3,
7 2017. One additional sample taken August 24, 2017 was negative for coliform and
8 E.coli bacteria.

9
10 Public notification was provided to the Water System users on August 16, 2017 and
11 the Department received the Certification of Completion of Public Notification form the
12 same date. The Water System also completed the required Level 1 assessment which
13 was dated September 7, 2017 and was received and reviewed by the Department on
14 the same date.

15 **DETERMINATION**

16
17 Based on the above, the Department has determined that the Water System violated
18 Title 22 CCR Section 64426.1(b)(2) which specifies that a public water system is in
19 violation of the total coliform MCL if more than one sample collected during any month
20 is total coliform-positive. The results of the sample analysis for the Water System
21 indicated that more than one sample collected during the month of August 2017 was
22 total coliform positive.

23 **DIRECTIVES**

24
25 The Water System is hereby directed to take the following actions:

- 26 1. Comply with Title 22 CCR Section 64426.1 in all future monitoring periods.
- 27 2. Within thirty (30) days of the issuance of this Citation, notify all persons served
28 by the Water System of the total coliform MCL violation in conformance with

1 Title 22 CCR Sections 64426.1(c) and 64463.4. **Completed: The water**
2 **operator provided public notification August 16, 2017.**

- 3 3. In accordance with Title 22 CCR Section 64426(b)(2) and the Federal Revised
4 Total Coliform Rule, conduct and submit a Level 1 assessment (Attachment A)
5 by September 15, 2017. **Completed: The water operator completed the**
6 **assessment September 7, 2017.**

- 7 4. Complete and return Attachment B "Certification of Completion of Public
8 Notification" form to the Department within ten (10) days of completion of the
9 public notification. **Completed: The water operator provided the**
10 **certification form dated August 16, 2017 to the Department .**

- 11 5. Within thirty (30) days of receipt of this Citation, the Water System shall submit
12 a written response to the Department indicating its willingness to comply with
13 directives of this Citation.
14

15 The Department reserves the right to make such modifications to this Citation as it
16 may deem necessary to protect public health and safety. Such modifications may be
17 issued as amendments to this Citation, and shall be deemed effective upon issuance.

18 Nothing in this Citation relieves Water System of its obligation to meet the
19 requirements of the California SDWA, or of any regulation, permit, standard, or order
20 issued or adopted thereunder.
21

22 All submittals required by this Citation shall be submitted to the Department at the
23 following address:
24

25 Jeffrey Warren, REHS
26 Environmental Management Programs Manager
27 El Dorado County
28 Community Development Services
Environmental Management Department
2850 Fairlane Court, Bldg C

Citation No. **01_39_17C_007_0900629_22**

Issued: **September 20, 2017**

Placerville, CA 95667
(530) 621-7628

PARTIES BOUND

This Citation shall apply to and be binding upon the **Error! Reference source not found.**, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the Department to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Department to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Department; and to petition the Superior Court to take various enforcement measures against a public water system that has failed to comply with or violates an order of the Department. The Department does not waive any further enforcement action by issuance of this citation.

Citation No. 01_39_17C_007_0900629_22

Issued: September 20, 2017

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Date

9/20/17

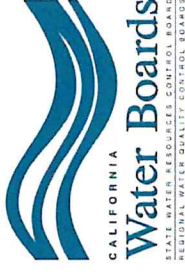

Jeffrey Warren, REHS
Environmental Management Programs
Manager
El Dorado County
Community Development Services
Environmental Management Department

Attachments:

- A. Level 1 Assessment Form, completed
- B. Certification of Completion of Public Notification, completed

cc: Ali R. Rezvani, P.E.
Sacramento District Engineer
Division of Drinking Water
State Water Resources Control Board

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: <i>0900629</i>	System Type: <i>THC</i>	Name American Legion Tract Resort Association	System Address & Email 1019 Trout Creek Ave South Lake Tahoe Ca 96150 <i>tuledog@comcast.net</i>	Telephone Number 916-765-8397
Operator in Responsible Charge (ORC)		Dean Lawrie	102 McDerby Ct Folsom CA 95630	916-765-8397
Person that collected TC samples if different than ORC		Dean Lawrie		
System Owner		American Legion Tract Resort Association		
Certified Laboratory for Microbiological Analyses		<i>STPUC</i>		
Date Investigation Completed:				
Month(s) of Coliform Treatment Technique Trigger:		<i>August 2017</i>		

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?	No				
b. Is wellhead vent pipe screened?	Yes				
c. Is wellhead seal watertight?	Yes				
d. Is well head located in pit or is any piping from the wellhead submerged?	No				COUNTY OF EL DORADO RECEIVED
e. Does the ground surface slope towards well head?	No				SEP 07 2017
f. Is there evidence of standing water near the wellhead?	No				
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	No				ENVIRONMENTAL MANAGEMENT SOUTH LAKE TAHOE
h. Is the wellhead secured to prevent unauthorized access?	Yes				
i. How often do you take a raw water total coliform (TC) test?	Quarterly				
j. Provide the date and result of the last TC test at this location					

STORAGE

	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?	Yes				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM Simple Systems with a Well and Pressure Tank and No Treatment

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2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	Yes								
3. Is the overflow on each tank screened?									Unk
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	No								
5. Is the roof/cover of the tank sealed and free of any leaks?	Yes								
6. Is the tank above ground or buried?	Above								
a. If buried or partially buried, are there provisions to direct surface water away from the site.									
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?									
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?									Unk
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?									Unk
9. What is the volume of the storage tank in gallons?	500 l								
10. Is the tank baffled?	believe								Unk but don't believe so
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?	A week prior								

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?	500 l					
2. What is the age of the pressure tank?	believe					
3. Is the pressure tank bladder type or air compressor type?						Unk
4. Did the pressure tank(s) deviate from normal operating pressure?	No					Unk
5. Is the compressor pump running more often than normal?	No					
6. Is the tank bladder broken and the tank water logged?	No					
7. Is the tank(s) damaged, rusty, leaking, or has holes?	No					
8. Was there any recent work performed?	Yes					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?	Yes					
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?	No					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	40-60 PSI

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	No
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	Yes the motor and pump were replaced the week prior to the positive test and the technicians placed them in the dirt prior to install
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	No
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	Yes and no
6. If there was a mainline leak, when was it repaired?	n/a
7. On what date was the distribution system last flushed?	8-12-17
8. Is there a written flushing procedure you can provide for our review?	No
9. Do you have an active cross connection control program?	No
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	Unk

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)				
	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)	2 ft	2 ft	N/A	1 ft
2. Is the sample tap located in an exterior location or is it protected by an enclosure?	Exterior			
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?	Threaded			
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes			
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes			
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)	Yes			
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes			
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)	Ran water			
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?	Yes			
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	Yes			
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?	Cloudy			

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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GENERAL OPERATIONS:		Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.		Yes was instructed by lab 10 years ago and never had a positive sample
2. Does the water system have a written sampling procedure and was it followed?		Yes
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?		No
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?		Yes
5. Does the system have backup power or elevated storage?		Yes elevated no power back up
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?		No
7. What were the symptoms of illness if you received complaints about customers being sick?		n/a

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	Yes the motor and pump were replaced the week prior to the positive test and the technicians placed them in the dirt prior to install
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.	The well and holding tank were treated with Chlorine tabs and the system was flushed and the pump company was instructed to lay any parts on clean tarps prior to working on our system	August 2017
2.		
3.		
4.		
5.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

Page 5 of 5

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: Dean Lawrie TITLE: President ALTRA DATE: 9-7-17

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

*Reviewed & approved
Karen Bender 9/7/17*

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form when completed and returned to the County of El Dorado, Environmental Management Division, Community Development Agency serves as certification that public notification to water users was completed as required by the State Water Resources Control Board (as required per Title 22 of the California Code of Regulations). Failure to do so may result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name American Legion Tract Resort Association

Public Water System Number 0900629

Public notification for the (Month/Year) (bacteriological monitoring failure/MCL failure) was performed by the following method(s):

Check and complete all that apply:

- A) ☐ By posting of the approved notice in conspicuous locations served by the water system.
- B) ☒ Distributing notice by using one or more of the following methods to reach persons not likely to be reached by public posting: Email message or direct delivery.
- C) ☐ Publication in a local newspaper.
- D) ☐ Posting on the internet.

Provide the date (or dates) that the notice was posted/distributed 8-16-17

I hereby certify that the above information is factual.

Dean Lawrie

Signature

Dean Lawrie

Date 8-16-17

COUNTY OF EL DORADO
RECEIVED

AUG 16 2017

ENVIRONMENTAL MANAGEMENT
SOUTH LAKE TAHOE

Return form to: County of El Dorado, Community Development Agency
Environmental Management Division
2850 Fairlane Court, Building "C", Placerville, CA 95667
FAX 530-642-1531

Or in So. Lake Tahoe: 924 B Emerald Bay Rd, South Lake Tahoe, CA 96150
FAX 530-542-3364